

No particular make of pasteurizer is prescribed, but the milk must be retained at a temperature of not less than 145° and not more than 150° F. for at least half an hour, and be immediately cooled to 45° F. This condition applies only to milk sold under the designation "pasteurized." Tuberculin tests for the first two grades will be carried out at the expense of the farmer. A score card inspection will be made by the local authority in connexion with certified milk, and annual fees will be payable in respect of all grades, in order to cover some of the expenses incurred by local authorities. The milk, when delivered to the consumer, must not contain more than a specified number of bacteria.

#### UNIVERSITY OF EDINBURGH GENERAL COUNCIL.

Whichever subject of exclusively medical interest engaged the attention of the General Council of the University of Edinburgh at its statutory half-yearly meeting on October 27th, in several matters medicine had an important stake. This was so, for instance, in relation to the draft of regulations for the preliminary examinations which had been drawn up by the Scottish Universities Entrance Board. It was pointed out by the Rev. Professor W. P. Paterson that one language was compulsory among the subjects of examination, but that there was no compulsion that this language be Latin; this would be a blow to Scottish culture. Sir Richard Lodge stated, in reply, that the inclusion of compulsory Latin would be inconsistent with uniform admission to all faculties; but Latin as a subject could be imposed by the University in connexion with particular classes and was not barred. Approval was given of the draft regulations. Principal Sir Alfred Ewing, who presided, supplied the matriculation figures up to the preceding day (October 26th), and compared them with the completed figures for 1921-22; they were as follows:

	1921-22.	1922-23.
Arts ...	... ... 1,574 .....	1,548
Science ...	... ... 974 .....	742
Divinity ...	... ... 75 .....	64
Law ...	... ... 198 .....	172
Medicine ...	... ... 1,838 .....	1,408
Music ...	... ... 10 .....	18
	4,669	3,952

#### GLASGOW AND WEST OF SCOTLAND OVERSEAS MEDICAL CLUB.

The annual dinner of the Glasgow and West of Scotland Overseas Medical Club was held on October 27th in the Grosvenor Restaurant, Glasgow, when the president, Dr. J. Livingstone Loudon, T.D., officiated as chairman of a representative gathering. The president and secretary of the sister club in the east of Scotland, Mr. H. Wade, C.M.G., D.S.O., and Mr. W. T. Gardiner, M.C., were present as guests of the club. As on former occasions, the opportunity for the renewal of old service associations was much enjoyed, and the musical entertainment provided by Drs. T. D. Laird, Wallace Anderson, C. G. Macartney, J. Scouler Buchanan, and W. T. Gardiner was duly appreciated.

#### CENTRAL MIDWIVES BOARD.

At a special meeting of the Central Midwives Board for Scotland for the hearing of penal cases, with Dr. James Haig Ferguson in the chair, a certified midwife was cited to appear in respect of failure to notify contact with a person suffering from puerperal fever, thereby endangering the lives of her other patients, and for other breaches of the rules. The Board found the charges to be proved, and instructed the secretary to cancel her certificate and to remove her name from the Roll.

## Victoria.

#### AUSTRALASIAN MEDICAL CONGRESS, 1923.

PRESIDENTS of Sections in connexion with the first Australasian Medical Congress, organized by the Branches of the British Medical Association in Australia, have now been definitely appointed, as follows:

*Medicine*.—Dr. W. Marshall Macdonald, Dunedin.

*Surgery*.—Mr. R. Gordon Craig, Sydney.

*Obstetrics and Gynaecology*.—Dr. J. A. Cameron, Ipswich.

*Pathology and Bacteriology*.—Professor J. B. Cleland, Adelaide.

*Preventive Medicine and Tropical Hygiene*.—Dr. F. S. Hone, Adelaide.

*Ophthalmology*.—Mr. D. D. Paton, Perth.

*Otology, Rhinology, and Laryngology*.—Dr. T. S. Kirkland, Sydney.

*Neurology and Psychiatry*.—Dr. A. W. Campbell, Sydney.

*Diseases of Children*.—Dr. R. B. Wade, Sydney.

*Naval and Military Medicine and Surgery*.—Colonel W. W. Giblin, Hobart.

*Dermatology*.—Dr. R. E. Harrold, Adelaide.

*Radiology and Medical Electricity*.—Dr. Valentine McDowell, Brisbane.

As a preliminary step to the election of Presidents of Sections the Branches of the British Medical Association in the various States of Australia and New Zealand were invited to forward nominations, and from these the above were finally appointed by the Executive Committee of the Congress.

The meeting will be held in Melbourne in November, 1923, under the presidency of Mr. G. A. Syme, and any members of the British Medical Association resident in Great Britain and Ireland who may find it convenient to attend will be very cordially welcome. The general secretary is Dr. A. L. Kenny, 13, Collins Street, Melbourne.

#### POST-GRADUATE WORK.

Encouraged by the great success of, and the large attendances at, the recent series of post-graduate lectures on the nervous system and its diseases, the Melbourne Permanent Committee for Post-graduate Work has organized a second series on obstetrics, to be held at the Women's Hospital in September and October. This series is being specially conducted in connexion with the examinations for the degree of Doctor of Medicine, University of Melbourne.

#### THE NEW ANATOMY DEPARTMENT OF THE UNIVERSITY OF MELBOURNE.

The new anatomy department, designed to accommodate 600 students, was commenced in January, 1922, and is making fairly rapid progress. The building is in brick, with stone facings, and is Tudor in type. There are two dissecting rooms, each capable of accommodating 300 students, a large and well-lit museum, a theatre to hold 300 students, reading rooms, cloak rooms, and retiring rooms for men and women students. On the entresol floor, between the two dissecting rooms, are the private rooms for the staff, so placed that they command both dissecting rooms. On the upper floor there is a large and well-lit histology laboratory, capable of accommodating 250 students, together with private rooms and research laboratories for the histology staff. There are in addition rooms for operative surgery, neurology, and physical anthropology, and museum preparation rooms, with ample provision for the preservation of subjects and the storage of anatomical material. A special feature of the building is the flat roof over the histology department, from which will be obtained a magnificent view over Melbourne and Port Phillip Bay. There can be no question that the new building will prove of great utility to the University and the medical profession, and will be a decided acquisition to the City of Melbourne. Its utility would have been considerably enhanced had the University council carried out its own resolutions of 1914-15 and erected the building—in accordance with the unanimously expressed wish of the profession—alongside a hospital, instead of within the University grounds. In 1914 the whole medical school could have been re-erected alongside a hospital for about £30,000 more than the present building actually cost (that is, for £100,000) as against the present estimated cost of £70,000 for the anatomy department.

## Paris.

[FROM OUR CORRESPONDENT.]

WITH October the official medical life begins again. Our faculty has not yet opened its doors to the young students, but they have already been opened to the old students—we practitioners who have flocked to certain congresses in Paris.

#### French Congress of Surgery.

To take the national congress of surgery first; at this annual meeting the surgeons of the whole of France are brought together in Paris. This year Professor Hartmann was president. Without entering upon a critical review of the proceedings of the congress, I would emphasize one fact that must strike every spectator—the position occupied by the younger generation of surgeons. They have been formed by the war. They were then called upon to play the part of

*chefs de service* in departments where activity was unprecedented. They have learned to accept responsibility. They have found themselves! It is not surprising therefore that they took a large share in the work of the congress and presented many communications and contributed to the discussions concise, short, and lively remarks in the true surgical manner. We have in this a remarkable evolution; the after-war spirit has smashed the old surgical machine—its traditions, its hierarchy, and its methods. Is it a gain? There are always two sides to a question.

There is only one incident to note. The president refused to allow Dr. Voronoff to read his paper on rejuvenation by glandular grafts. The reason was that the lay press on that very morning had trumpeted forth a hymn of praise to the glory of the method and its inventor. The result is that Dr. Voronoff has had to continue as he began, and it is in the daily papers that we have read about the super-magnificent results of the grafting of the testicles of the chimpanzee into old men. You may guess whether writers of gossip and caricaturists have hesitated to profit from such a subject! May someone perhaps succeed in grafting the brain of a fox—and wisdom—under the human skull?

#### *Congresses of Medicine and of Urology.*

The congress of French-speaking physicians followed, under the presidency of Professor Widal. For long he has been a man of mark, owing to his scientific renown, his personal authority, and the charm of his easy speech. The mantle of his master, Dieulafoy, has fallen upon him. No one knows better than he how to guide a discussion, how to keep the main point in view, and how to sum up a question in a few decisive words. The subjects of discussion were the eternal question of ulcers in the neighbourhood of the pylorus and the new problem of deficiency diseases, looked at from the point of view of their treatment. Much has been said, but we are left with the impression that much remains still to be said! At the twenty-second French Congress of Urology, which was held at the same time, there was an interesting discussion on diverticula of the bladder.

#### *Examinations for Resident Hospital Posts.*

The competitive examinations are also starting again. As I have already explained (JOURNAL, January 7th, 1922, p. 32), the examination for resident hospital posts was completely changed two years ago, by the introduction of the principle of anonymity in the preliminary written examination. The candidate has to answer in a very limited time numerous questions bearing upon very precise points of anatomy. He is not asked for phrases, but for facts, and this enables the judges, by a simple process of marking, to award points which determine the classification of candidates and the rejection of those found unsuitable. Much was expected from such a simple and just method. There has been a great disillusion. The reason why we now see the most ardent of its promoters disenchanted is that, the test being solely a test of memory, the youngest candidates, fresh from the anatomy classes, have been greatly favoured. On the other hand, the older candidates, who, though they had gained in clinical experience, had lost in memorized scientific knowledge, have too often failed. Now the resident house-physician is called upon to become the right-hand man of his chief, and this requirement cannot be fulfilled by too young a student who nevertheless wins a usurped title. In the long run it is our patients who suffer from it, and so we have the whole question *sur le tapis* again. It is less a question of recognizing what a man *knows* than what he *is*, and anonymity, so far from being the *summum jus*, seems an unwise expedient at the first stage of the competitive examination.

#### *Problems of the Medical Students.*

It is further to be said that even the recruiting of students is difficult. Nowadays it is impossible for a medical student to begin his studies unless he has sufficient private means. It is calculated that a student cannot cost his family less than £200 a year—at the present exchange, 12,000 francs. Such a sacrifice cannot be expected from the families of professors or from those belonging to the professions commonly called liberal. The students tend, therefore, to come from business circles, and naturally to have quite a different spirit. So much money invested in studies must show financial returns, and even the belief in a professional vocation will soon have gone. This is a social danger that an increase

in the number of scholarships could have avoided; but the general public does not yet understand.

The future of our medical schools must cause much anxiety. Already we are isolated as a nation. The countries with low exchanges can no longer send us students. We, ourselves, can no longer dream of visiting your teaching centres or those of America. To buy an English book seems an act of madness when as it is our students can no longer buy the textbooks they require. The world has already experienced epochs of regression.

## Correspondence.

#### POST-GRADUATE COURSES.

SIR,—In reply to the letter by "Ambitious" (October 28th, p. 827), may I point out that the problem of post-graduate study in the provinces is being rapidly solved along the lines he suggests? Under the scheme initiated by the University of Bristol, courses of study have been or are being held at Hereford, Trowbridge, Swindon, Bournemouth, Barnstaple, and Dorchester. The initial steps have been generally taken by the local Branch or Division of the British Medical Association, which forms a small subcommittee of management. Application having been made, the University sends a circular to all medical men in the immediate vicinity of the proposed centre. This circular gives full details of the proposed course of study, time and place of meeting, etc. The subjects of the demonstrations have generally been selected by the subcommittee from a long list supplied to them by the University. The meetings are usually held in the late afternoon, and always at the local hospital. They are carried on by a lecturer selected by the post-graduate committee of the University, who visits the centre one day a week.

In some towns in the West of England where there are large hospitals which are not, however, teaching schools, the procedure is somewhat different. Either the neighbouring practitioners are invited to join in the medical and surgical rounds on one particular day of the week, or post-graduate lectures and demonstrations are given by the members of the honorary staff, with any such outside help as may be needed. In the SUPPLEMENT of October 28th (p. 163) it was announced that such a course is to be held at Plymouth, beginning on November 8th. Such a plan as the above can be carried out in any district within a few hours' journey of a medical teaching centre, and if any difficulty in obtaining facilities arises application should be made to the Science Committee of the British Medical Association, which has now taken over the duties of the old post-graduate committee.

In conclusion, may I say that such courses cannot be made free, as "Ambitious" suggests. There are expenses of advertising, postage, hire of room, etc., and it is only just that the lecturers coming from a distance should be paid a small fee and their travelling expenses. In the West of England the attendance on such demonstrations has been so good that the subscription can be fixed at about two guineas.—I am, etc.,

J. ODERY SYMES,  
Chairman, Medical Post-graduate Committee,  
University of Bristol.

#### X RAYS IN HYPERTRICHOSIS OF THE FACE.

SIR,—The selective and permanent destruction by *x* rays of normal hair follicles, without damage to other structures in the skin, is at present a technical and histological impossibility.

The assertion is dogmatic, but will not, I think, be challenged by any of my dermatological colleagues, none of whom, to the best of my belief, have ever advocated this treatment in uncomplicated cases of facial hirsuties. That it is, however, being practised in certain quarters is evidenced by the fact that I was recently consulted by a lady who had been receiving the treatment in London (incidentally, without benefit) for the past eighteen months. The operator in this case presumably knows the risk he is running, and my protest is not so much directed to him as to the general medical practitioner, who may in the future be approached and persuaded by his patients to allow them to submit themselves to radicotherapy for hirsuties, because "their friend Mrs. —— was cured in a pleasant and painless fashion."

The following case, at present under my care, illustrates